Commonwealth of Virginia
Charge Card Programs
Request for Exception for Multiple Cards

Date: _____

Agency: _____ Agency Number: _____

Cardholder: _____

ONLY PROVIDE THE LAST 6 DIGITS OF THE CARD NUMBER

Card Account #1: _____

Card Account #2: _____

Card Account #3: _____

Card Account #4: _____

Justification:

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Acknowledgement:

This exception, if approved, will be good for one (1) year. If the need exists after one (1) year, a new Exception Request for Multiple Cards must be submitted.

_____   _____
Signature of Cardholder   Date

_____   _____
Cardholder's Supervisor   Date

_____   _____
Program Administrator   Date

Fax Completed Form to: Charge Card Administration Analyst 804-786-9201

DOA Use Only: *Approved - Date:* _____
                         Disapproved - Reason: _____